

PROPOSED DEPARTMENT INFORMATION REQUESTS

Switching

1. Provide a list of all switches that you currently use to provide a qualifying service (as defined in 47 C.F.R. § 51.5, as that section will be amended by the Final Rules issued by the FCC pursuant to the *Triennial Review Order*) anywhere in Massachusetts, regardless of whether the switch itself is located in Massachusetts. Do not include Verizon Massachusetts switches utilized by you on an unbundled basis or through the resale of Verizon Massachusetts services at wholesale rates.
2. Identify each Verizon Massachusetts wire center district (*i.e.*, the territory served by a Verizon Massachusetts wire center) in which you provide qualifying service to any end user customers utilizing any of the switches identified in your response to Question 1. Wire centers should be identified by providing their name, address, and CLLI code.
3. For each ILEC wire center identified in response to Question 2, identify the total number of voice-grade equivalent lines you are providing to customers in that wire center from your switch(es) identified in response to Question 1. For purposes of this question, “voice-grade equivalent lines” should be defined consistent with the FCC’s use of the term. *See, e.g. FCC Form 477, Instructions for the Local Competition and Broadband Reporting Form.*
4. With respect to the voice-grade equivalent lines identified in response to Question 3, separately indicate the number being provided to (a) residential customers; (b) business customers to whom you provide only voice-grade or DS0 lines; and (c) business customers to whom you provide DS-1, ISDN-PRI, or other high capacity lines. For purposes of this question, “high capacity” means DS-1 or equivalent or higher capacity lines, including, but not limited to DS-1, ISDN-PRI, DS-3, OCn.
5. For each of the switches identified in your response to Question 1, state whether the switch is owned by you, or whether you have leased the switching capacity or otherwise obtained the right to use the switch on some non-ownership basis. If the facility is not owned by you, identify the entity owning the switch and (if different) the entity with which you entered into the lease or other arrangement, identify the nature of the arrangement, and state whether such entity or entities are affiliates of yours, in the sense defined in ¶ 408, footnote 1263 of the *Triennial Review Order*.
6. Provide a list of all switches from which you offer or provide switching capacity to another local service provider for use in providing qualifying service anywhere in Massachusetts.

Transport

1. Identify, by name, address, and CLLI code, each Verizon Massachusetts wire center (by the name, address, and CLLI code of that wire center) in which you have established a collocation arrangement or in which such arrangements have been ordered.
2. For each wire center identified in your response to Question 1, provide the number of arrangements by wire center, identify the transport facilities that currently serve such collocation arrangement (or that will serve such arrangement and that you are currently in the process of constructing, ordering, purchasing, or arranging for the use of). For purposes of this Question, “transport facilities” (a) does not include unbundled facilities obtained from Verizon Massachusetts, and (b) does include dark fiber.
3. For each transport facility identified in the response to Question 2, identify the transport technology utilized (*e.g.*, fiber optic (specify whether dark or lit), microwave, radio, or coaxial cable), and the quantity/capacity of the facility deployed.
4. For each wire center and transport technology identified in the responses to Questions 1-3, identify the type of termination equipment utilized in the collocation arrangement.
5. For each transport facility identified in your response to Question 2, state whether the facility is owned by you or whether you acquired rights to utilize it under a lease or other some other form of non-ownership arrangement. (If the facility was provisioned through the use of dark fiber that you acquired and subsequently “lit,” answer separately for the fiber and the optonics utilized.) If the facility is not owned by you, identify the entity that owns the facility and (if different) the entity with which you entered into the lease or other arrangement, identify the nature of the arrangement, and state whether such entity or entities are affiliates of yours, in the sense defined in ¶ 408, footnote 1263 of the *Triennial Review Order*.
6. Identify and describe any arrangements into which you have entered with another entity for such other entity’s use of transport facilities that you own or control, on a lease or other basis.

High-Capacity Loops (DS-1 or greater)

1. Provide a list of the customer locations to which you have deployed your own high-capacity (DS1, DS3, or dark fiber) loop facilities or are in the process of deploying such facilities, including the address of each location. For each such location, identify the capacity and nature of the loop facilities.